



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

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Federal MAC List Changes

Effective March 11, 2003, the following changes were made to the Medicaid Drug Federal Upper Limit List:

FUL Deletions

Generic Name

Folic Acid

1mg, Tablet, Oral, 100

Hydralazine Hydrochloride

25 mg, Tablet, Oral, 100

Penicillin V Potassium

250 mg/5 ml, Powder for Reconstitution, 200

Prednisone

5 mg, Tablet, Oral, 100

10 mg, Tablet, Oral, 100

20 mg, Tablet, Oral, 100

Quinidine Gluconate

324 mg, Tablet, Extended Release, Oral, 100

Theophylline

300 mg, Tablet, Extended Release, Oral, 100

Triamcinolone Acetonide

0.1%, Topical, Lotion, 60 ml

0.1%, Dental, Paste, 5 gm

FUL Additions

Generic Name

FUL Price

Albuterol

0.09 mg/inh, Aerosol, Metered, Inhalation, 17gm

\$0.8823 B

Ampicillin/Ampicillin Trihydrate

250 mg, Capsule, Oral, 100

\$0.1295 R

500 mg, Capsule, Oral, 100

\$0.2171 B

Captopril; Hydrochlorothiazide

25mg; 25 mg, Tablet, Oral, 100

\$0.2360 B

Glyburide

1.25 mg, Tablet, Oral, 100

\$0.1244 B

2.5 mg, Tablet, Oral, 100

\$0.1893 B

5 mg, Tablet, Oral, 100

\$0.2831 B

Lisinopril

2.5 mg, Tablet, Oral, 100

\$0.3855 B

5 mg, Tablet, Oral, 100

\$0.5783 B

10 mg, Tablet, Oral, 100

\$0.5970 B

20 mg, Tablet, Oral, 100

\$0.6390 B

30 mg, Tablet, Oral, 100

\$0.9038 B

40 mg, Tablet, Oral, 100

\$0.9345 B

Lisinopril; Hydrochlorothiazide	
10 mg; 12.5 mg, Tablet, Oral, 100	\$0.6450 B
20 mg; 12.5 mg, Tablet, Oral, 100	\$0.6983 B
20 mg; 25 mg, Tablet, Oral, 100	\$0.7065 B
Nizatidine	
150 mg, Capsule, Oral, 60	\$1.8307 B
300 mg, Capsule, Oral, 30	\$3.6615 B
Tizanidine Hydrochloride	
2 mg, Tablet, Oral, 150	\$0.8071 B
4 mg, Tablet, Oral, 150	\$0.9560 B
Tramadol Hydrochloride	
50 mg, Tablet, Oral, 100	\$0.3068 B

FUL Price Increases

<u>Generic Name</u>	<u>FUL Price</u>
Amitriptyline Hydrochloride	
75 mg, Tablet, Oral	\$0.1425 B
Benzonatate	
100 mg, Capsule, Oral, 100	\$0.3402 B
Clonidine Hydrochloride	
0.1 mg, Tablet, Oral, 100	\$0.0968 B
0.2 mg, Tablet, Oral, 100	\$0.1350 B
0.3 mg, Tablet, Oral, 100	\$0.1794 B
Dexamethasone	
0.5 mg/5 ml, Elixir, Oral, 240 ml	\$0.0625 B
Furosemide	
80 mg, Tablet, Oral, 100	\$0.1043 B
Gemfibrozil	
600 mg, Tablet, Oral, 500	\$0.2685 B
Hydrochlorothiazide; Propranolol Hydrochloride	
25 mg; 40 mg, Tablet, Oral, 100	\$0.0877 B
25 mg; 80 mg, Tablet, Oral, 100	\$0.1320 B
Hydroxyzine Pamoate	
25 mg, Capsule, Oral, 100	\$0.0892 B
Imipramine Hydrochloride	
10 mg, Tablet, Oral, 100	\$0.3210 B
25 mg, Tablet, Oral, 100	\$0.4275 B
50 mg, Tablet, Oral, 100	\$0.5615 B
Metronidazole	
250 mg, Tablet, Oral, 100	\$0.0849 B
Naproxen	
500 mg, Tablet, Oral, 100	\$0.1805 B

Oxazepam		
30 mg, Capsule, Oral, 100		\$1.2337 R
Sulindac		
150 mg, Tablet, Oral, 100		\$0.3317 B
200 mg, Tablet, Oral, 100		\$0.4289 B
Thioridazine Hydrochloride		
10 mg, Tablet, Oral, 100		\$0.2190 B
25 mg, Tablet, Oral, 100		\$0.3030 B
100 mg, Tablet, Oral, 100		\$0.5025 B
Thiothixene		
1 mg, Capsule, Oral, 100		\$0.1388 B
Valproic Acid		
250 mg, Capsule, Oral, 100		\$0.3488 B
Verapamil Hydrochloride		
80 mg, Tablet, Oral, 100		\$0.0735 B
120 mg, Tablet, Oral, 100		\$0.1110 B
240 mg, Tablet, Extended Release, Oral, 100		\$0.3683 B

Effective April 7, 2003, the following changes will be made to the Medicaid Drug Federal Upper Limit List:

FUL Deletions

Generic Name

Acetylcysteine
10%, Inhalation, Oral, Solution, 10 ml

Glyburide

1.25 mg, Tablet, Oral, 100
2.5 mg, Tablet, Oral, 100
5 mg, Tablet, Oral, 100

FUL Price Increases

Generic Name

FUL Price

Gemfibrozil	
600 mg, Tablet, Oral, 500	\$0.3058 B
Hydroxyzine Pamoate	
50 mg, Capsule, Oral, 100	\$0.1178 B

These deletions and price increases have been posted to the CMS website at www.cms.hhs.gov/medicaid/drugs/drug10.asp.

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate agreements. They are listed by Manufacturer code, which is the first five digits of the NDC.

Additions

The following labelers have entered into drug rebate agreements and joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
00462	PharmaDerm	2/6/2003
11523	Schering Plough HealthCare Products	1/17/2003
57459	Nastech Pharmaceutical Co.	12/20/2002
59060	Novo Nordisk Pharmaceuticals, Inc.	12/09/2002
63020	Millennium Pharmaceuticals, Inc.	2/21/2003
64860	STADA Pharmaceuticals, Inc.	12/10/2002
65779	Fairview Health Services	12/17/2002
66435	Three Rivers Pharmaceuticals, LLC	2/11/2003
66860	Cura Pharmaceutical Co. Inc.	3/4/2003
66934	Inkine Pharmaceuticals	2/11/2003
67112	Medecor Pharma, LLC	11/25/2002
67546	Romark Pharmaceuticals, L.C.	12/16/2002

Terminations

The following labeler codes are being terminated effective April 1, 2003:

Hyrex Pharmaceuticals (Labeler Code 00314);
 Gemini Pharmaceuticals, Inc. (Labeler Code 51645);
 Pharmakon Labs, Inc. (Labeler Code 55422); and
 Healz-Plus, Inc. (Labeler Code 66073).

The following labeler codes are being voluntarily terminated effective April 1, 2003:

Celltech Pharmaceuticals, Inc. (Labeler Codes 19650 and 43567);
 Roche Laboratories, Inc. (Labeler Code 53169);
 Kerry Company, Inc. (Labeler Code 60475);
 Amerx Health Care, Corp. (Labeler Code 61470); and
 Graben Pharma, Inc. (Labeler Code 67445).

Implementation of NCPDP Versions 5.1 and 1.1

The Division of Medical Assistance (DMA) is committed to implementing all of the regulations introduced as a result of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The HIPAA rule designates NCPDP Versions 5.1 (Point of Sale) and 1.1 (Batch) as the standard transactions for retail pharmacies. The HIPAA Transactions and Code Set Final Rule, published August 17, 2000 in the Federal Register, can be accessed at http://www.access.gpo.gov/su_docs.

North Carolina Medicaid will publish companion guides to assist providers and trading partners in their effort to become HIPAA compliant. These companion guides are specific to N.C. Medicaid and are intended to be used in conjunction with NCPDP Standards for Retail Pharmacy Services for complete implementation information. Consult the NCPDP website at <http://www.ncpdp.org> for the NCPDP Transaction Standards for Retail Pharmacy Services. N.C. Medicaid companion guides will be available at <http://www.dhhs.state.nc.us/dma> in late spring 2003.

Medicaid will implement NCPDP Version 5.1 and Version 1.1 on August 1, 2003.

Change in Date for Metric Decimal Conversion

North Carolina Medicaid will begin accepting metric decimal quantities on October 1, 2003. At that time, the unbreakable package edit will be changed to recognize the metric quantity instead of the current rounded quantity. This is a correction from the date mentioned in the December 2002 Pharmacy Newsletter.

Billing Medicare

When Medicaid recipients have both Medicare and Medicaid coverage, pharmacy providers are required to bill Medicare first for the limited number of pharmaceutical products covered by that program. If the Medicare reimbursement does not equal 100% of the Medicaid allowable rate, the pharmacy provider may then bill Medicaid for the outstanding balance.

Due to restrictions imposed by Medicare on some drugs, such as restrictions to certain diagnosis, an override is available whereby Medicaid can be billed for these drugs when not covered by Medicare. For example, Imuran and methotrexate are only covered for the diagnosis of cancer, so Medicaid would need to be billed for any other diagnosis. To override the edit using POS, place a "1" (numeric) in the PA field. For ECS and paper claims, place an "O" (alpha) in the family planning field.

If the patient resides in a skilled nursing facility, the claims can be billed to Medicaid with a "2" or "7" in the patient location field and this will override the edit.

A copay should not be collected on any of the claims billed to Medicare. Once Medicare has paid, bill Medicaid for the remaining amount. The system will not deduct a copay for these crossover claims.

The North Carolina Medicaid Pharmacy Program will deny specific drugs that should be billed to Medicare first for identified patients who are eligible for drug coverage under Medicare Part B.

The following is the list of drugs, which must be billed to Medicare first.

Generic Name

acetylcysteine 10%, 20%
albuterol, concentrated form
albuterol, unit dose form
antihemophilic factor, human
antihemophilic factor, porcine

Brand Name

Mucomyst
Proventil solution per mg
Proventil solution per mg
Alphanate
Hyate

List of Drugs, continued

Generic Name

antihemophilic factor, hum rec
 atropine
 azathioprine
 azathioprine
 bitolterol mesylate, conc. form
 bitolterol mesylate, unit dose
 busulfan
 capecitabine
 cromolyn sodium, unit dose
 cyclophosphamide
 cyclosporine
 cyclosporine, modified
 cyclosporine, modified
 darbepoetin alfa
 dolasetron mesylate
 doxorubicin
 epoetin alfa
 epoprostenol
 etoposide
 factor IX
 factor IX, complex human
 factor IX, human recombinant
 factor VIIa, recombinant
 factor VIII
 factor VIII
 factor VIII
 factor VIII
 factor VIII
 factor VIII
 factor VIII
 factor/von Willebrand factor complex (human)
 floxuridine
 fluorouracil
 ganciclovir sodium
 glycopyrrolate 0.2mg/ml
 granisetron
 ipratropium bromide 0.02% solution
 isoetharine
 isoetharine, concentrated form
 isoproterenol
 leucovorin
 levalbuterol solution
 lymphocyte immune globulin
 lymphocyte immune globulin, rabbit
 melphalan
 metaproterenol
 metaproterenol, conc. form
 metaproterenol, unit dose

Brand Name

Helixate, Kogenate, Refacto
 Atropine
 Imuran 100mg vial
 Imuran 50mg(oral)
 Tornalate solution per mg
 Tornalate solution per mg
 Myleran 2mg
 Xeloda (oral) 150mg, 500mg
 Intal solution per 10mg
 Cytoxan (oral) 25mg
 Sandimmune 25mg, 100mg(oral)
 Neoral 100mg/ml
 Neoral 25mg, 100mg
 Aranesp
 Anzemet 50mg, 100mg
 Adriamycin per 10mg
 Epogen, Procrit
 Flolan .5mg
 Vepesid (oral) 50mg
 Mononine
 Bebulin, Profilnine, Proplex T
 Benefix
 Novoseven
 Bioclata
 Helixate FS
 Hemofil – M
 Koate
 Kogenate
 Monarc M
 Recombinate
 Humate-P
 FUDR 500mg vial
 Adrucil vial per 500mg
 Cytovene 500mg
 Robinul 0.2mg/ml
 Kytril 1mg
 Atrovent solution per mg
 Isoetharine solution
 Isoetharine 1% sol per mg
 Isoproterenol (amp & syringe)
 Leucovorin Calcium per 50mg
 Xopenex Solution
 Atgam 50mg/ml
 Thymoglobulin 25mg vial
 Alkeran (oral) 2mg
 Metaproterenol 0.4% sol
 Alupent solution
 Alupent solution

List of Drugs, continued

Generic Name

methotrexate
muromonab-cd3
mycophenolate mofetil
mycophenolate mofetil
ondansetron
ondansetron
pentamidine
pulmozyme
saline
sirolimus
sirolimus
tacrolimus
tacrolimus andhydrous
vincristine
vincristine

Brand Name

Methotrexate (oral)
Orthoclone OKT3 1mg/ml
Cellcept 200mg/ml
Cellcept (oral) 250mg, 500mg
Zofran 4mg, 8mg, 24mg
Zofran 4mg/5ml
Pentamidine 300mg (vial)
Pulmozyme ampul
Saline 0.45% & .9%
Repimune 1mg
Repimune 1mg/ml
Prograf (oral) 1mg, 5mg
Prograf 0.5mg, 5mg/ml
Vincasar 1mg
Vincristine 2mg, 5mg

Medicare only accepts claims billed on the CMS-1500 form.

Medicaid may be billed for the unpaid portion of a claim paid by Medicare by entering the following information in the appropriate fields on the claim form.

- The amount paid by Medicare in Other Coverage Field
- The Medicaid reimbursement rate (lower of the Usual and Customary price or AWP - 10% + dispensing fee) in the Amount Billed field (dollars/cents)

Medicaid will pay the difference between the Medicaid reimbursement rate less the amount paid by Medicare.

Depo Provera, Nuvaring and Ortho Evra

Effective May 1, 2003, the days supply on Depo Provera can accurately be indicated as a 90-day supply. There will be an audit placed in the system to ensure that claims are only being submitted every three months. Nuvaring and Ortho Evra will also be changed to allow up to a three-month supply.

Program Integrity Employees

Pharmacist Mary Williford has retired as Pharmacy Review Section Chief after 7 ½ years of service. Pharmacist Ann Slade, former DUR Coordinator for Program Integrity, has taken the Pharmacy Review Section Chief position. This unit conducts post payment reviews of pharmacy provider claims according to federal and state regulations. Doug Jackson, Lamar Raynor, and Kevin Ward conduct the review for Program Integrity. The unit may request Medicaid patient records either by mail or on site. Audits may result in letters of education, recoupment or referral to other agencies.

If you have questions regarding post payment reviews, you may call the Program Integrity Section at 919-733-3590. Policy questions should be referred to EDS at 1-800-688-6696.

Checkwrite Schedule

March 4, 2003
March 11, 2003
March 18, 2003
March 27, 2003

April 8, 2003
April 15, 2003
April 22, 2003

May 6, 2003
May 13, 2003
May 20, 2003
May 29, 2003

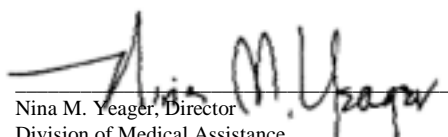
Electronic Cut-Off Schedule


March 7, 2003
March 14, 2003
March 21, 2003

April 4, 2003
April 11, 2003
April 17, 2003

May 2, 2003
May 9, 2003
May 16, 2003
May 23, 2003

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.


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